STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	
NAME OF COMMITTEE (in f	(Check if name Example: If	typying, type es 12FE4M5
Alpha Natural	Resources, Inc. Political Action Committee	
ADDRESS (number and s	999 Corporate Boulevard	
(Check if address	Sujte 300	
is changed)	Linthicum Heights	MD
	CITY▲	STATE▲ ZIP CODE ▲
	ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	callen@alphanr.com	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE M M M 111 3. FEC IDENTIFICA	1 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	24
4. IS THIS STATEM		MENDED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief	f it is true, correct and complete
Type or Print Name of	reasurer Frank J., Wood	
Signature of Treasurer	Electronically Filed by Frank J., Wood	Date 111 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the pers	on signing this Statement to the penalties of 2 U.S.C. §437g. BE REPORTED WITHIN 10 DAYS
Office Use Only	Federa Toll Fr	rther information contact: al Election Commission ree 800-424-9530 202 804 1100 (Revised 02/2009)